Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

	••	CLAIMS A	S FILED - PART I (Column 2)			ımn 2\		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10		1001			TE	FEE	OR 7		,
FOR			NUMBER FILED		NUMBER EXTRA		BASI		 	-	RATE	FEE
			10		NOWBEREATRA		DASI		305.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ V minus 20= *		*			9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 = 1				X4	3=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				+14	15-	1		+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			Щ.		 	OR		770	
	_	N AIME AC /	MENDE	MENDED - PART II				ΓAL	Ļ	OR	TOTAL	770
		(Column 1)				(Column 3)	SMA	٩LL	ENTITY	OR	OTHER SMALL I	
	1	CLAIMS		HIGHE	:_	1			1 400	ו ר		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	XS 9=			OR	X\$18=	
	Independent	*	Minus	***	_	<u> </u>	X4:	3=		OR	X86=	•
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+14	- 5			+290=	
							<u> </u>	OTAL		OR	TOTAL	
	•						ADDIT.			OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		REMAINING		NUMB	ER	PRESENT	RAT	_	ADDI- TIONAL		DATE	ADDI-
		AFTER AMENDMENT		PREVIO		EXTRA	ПА		FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .	XS 9)=		OR	X\$18=	
AME	Incependent	*	Minus	***		=	X43	=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM							
							+145			OR	+290=	
								TAL FEE		OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL	ER JSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	PAID F	JN.	=	100	-	FEE	-		FEE
	Independent		Minus	***	· · .	=	X\$ 9	=		OR	X\$18=	
₹∤	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43:	=		OR	X86=	
1	·					I-mal_	+145	=		OR	+290=	
** 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR 🛦	TOTAL DDIT. FEE	
***	the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is I	ess than	3, enter "3,"	ADDIT. F			A		